

Originally Approved For:

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PUBLIC HEALTH**

which became:

**DEPARTMENT OF COMMUNITY HEALTH SERVICES
PUBLIC HEALTH DIVISION**

Cancer Patient State-aid Financial Record Files 85-0080

1984 and Ongoing

Documents relating to paying for medical treatment of cancer patients eligible for State-Aid. Included are unnumbered form (Cancer State Aid Treatment Service - Patient Treatment Plan) shows patient's name and identification number, hospital/facility; initial evaluation, diagnosis, and projected plans for treatment over a specific period of time; estimated costs, number of days as inpatient and/or outpatient, reason approved/disapproved; and signature of evaluator and date; form 3624 (Cancer State-Aid - Hospital Invoice) shows patient identification by name, address, account and case number, specific treatment given and cost of each service rendered; discharge summaries; and unnumbered form (Authorization for Payment) which shows all information authorizing payment for medical treatment for the patient signature of person authorizing payment, and date.

The file is arranged:

- 1. Billing documents - alphabetically by name of clinic or vendor; thereunder by batch number.
- 2. Supporting documents - alphabetically by clinic; thereunder alphabetically by last name of patient (such as treatment plan, copy of the approval letter, and call-in sheets).

Retention Instructions:

Cut off file at the end of each fiscal year.
Hold in the current files for two years
Transfer to State Records Center and
Hold there for three years, then
Destroy

Approved: 10/9/85

Cancer Patient Applications for State Aid Files 85-0081-

1984 and Ongoing

Documents relating to evaluating applications of cancer patients in Georgia to determine eligibility for receiving State-Aid to pay for medical treatment. Included are form 3621 (Application for State-Aid in the treatment of Cancer) which shows name, address, age, race, sex, marital, status of applicant; symptoms, diagnosis,

evidence of the disease and other findings concerned with the diagnosis; general condition of the patient; whether or not patient has been previously treated for cancer; if yes, name of hospital and physician; financial resources of patient; if patient is eligible for Medicare or Medicaid; signatures of applicant and Director of Family and Children Services. Also included is the unnumbered form letter used to notify the patient that he/she has been approved for treatment, and which gives an explanation as to what the approval means and instructions to the patient. The file is arranged: new approved applicants - numerically by case number; applicants approved for re-certification - alphabetically by name of clinic, thereunder numerically by case number; disapproved applicants - by month of denial, thereunder alphabetically by name; applications on which no action was taken - alphabetically by name of applicant.

Retention Instructions:

Cut off file at the end of each fiscal year.
Hold in current files area for two years,
Transfer to State Records Center and
Hold three (3) years, then
Destroy.

Approved: 10/9/85

Deceased Cancer Patient Case History Files 00-0036-02

Documents relating to case histories of deceased cancer patients who were taking part in State aid for the Cancer Program. Included are; application for State Aid and cancer treatment; pathology reports; hospital invoices; monthly clinic reports and initial reports; correspondence; discharge summary from hospitals; copies of x-ray reports; and invoices.

Retention Instructions:

Cut off file after death of patient;
Transfer to State records Center;
Hold five (5) years; then
Destroy.

APPROVED: 12/1/71

Cancer Case History Files 00-0049-02

Documents relating to case histories of cancer patients who are taking part in the State Aid for the Cancer Program. Included are: application for State Aid and cancer treatment; pathology reports; hospital invoices; monthly clinic reports and initial reports; correspondence; discharge summary from the hospital; and. copies of x-ray reports. The file is arranged by case number.

Retention Instructions:

Upon completion of treatment,
Place all papers for a particular patient in the inactive file;
Cut off inactive file at end of each calendar year;
Transfer to State Records Center;
Hold thirty (30) years;
Then destroy.

Note: If illness recurs, withdraw file from the Records Center and place in the active file.

Approved: 12/14/71

Cervical Cancer Screening Program Files 79-0012-04

Documents relating to maintaining records of results for the Cervical Cancer Screening Program. Included are; form DPH/HIS (1)-50 (new No. 3150) (Cervical Cancer Screening Report) which shows name and address of County Health Department; full client information (name, address, telephone, date of birth, Social Security number, dates of pap smears, race, household income, clinic type, family history, menstrual status, number of pregnancies, number of children born alive, whether or not client is pregnant, post-hysterectomy, or other type of treatment, family planning method, results of last pap smear); name and address of pathologist; laboratory accession number; cytologic comments and recommendations, and signature; client signature and agreement that information on form will be used for audit and statistical purposes; form 3151 (Follow-up Questionnaire to Physicians/ Clinics) and form 3152 (Follow-up Questionnaire to Local Health Departments) show result of repeat cytology, biopsy procedure and result, treatment and disposition. The file is arranged by month; thereunder, by batch number; thereunder, by last name of pathologist.

Retention Instructions:

Cut off file as follows:

Form DPH/HIS (1)-50 Cervical Cancer Screening Report when applicable:

Form 3151: Follow-up Questionnaire to Physicians/ Clinics:

Form 3152: Follow-up Questionnaire to Local Health Departments

Central Cancer Control Program:

Negative Reports

Cut off file at end of each month;
Transfer to State Records Center;
Hold five (5) years; then
Destroy

Questionable and Positive Reports

Place information from monthly accumulation of forms in computer; place in individual patient file folder; then,

Active file

Hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file

Cut off file at end of each calendar year;
Transfer to State Records Center;
Hold ten (10) years; then
Destroy.

District Offices and County Health Departments**Negative Reports**

Cut off file at end of each calendar year;
Hold in current files area one (1) year;
Transfer to local records storage area;
Hold two (2) years; then
Destroy.

Questionable or Positive Reports**Active file**

Place information in individual patient file folder; hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file

Cut off file at end of each calendar year; transfer to local record~ storage area; hold 5 years; then destroy.

Printouts (received monthly) selected information from forms 3150, 3151, 3152)

Adult Health Screening~Cervical Cancer Screening Program (statistical report)

Central Cancer Control Program (reference copy)

Transfer 1 copy to Family Health Directorts Office (record copy); cut off reference copy file at

end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 2 years; then destroy.

District Offices and County Health Departments (applicable portions)

Cut off file at end of each calendar year; hold in current files area 1 year; transfer to local records storage area; hold 2 years; then destroy.

Family Health Director's Office (record copy)

Include with Family Health Director's Subject Files - transferred annually to State Archives. See Approved Schedule 74-460.

Approved: 11/29/79

Debbie Parker

PES 06/08/2000

404 656-6648

FAX #: 404 656-9723

Name: Parker Debbie

Title Cancer Control

Agency Department of Community Health

Division Division of Public Health County Fulton

Street # 2 Peachtree Street PO Box/Bldg:

City Atlanta GA 30303 Delivery: M

Jurisdiction SA Agency Code 0419 DivCode Acronym

Note: 6/8/00: 6-2373; Requested retention information on public health tests (pap-smear, breast) State receives from local public health departments all over the state; aggregates the data, and reports it to CDC. Been holding the reports but has been running out of space. Told her we would check and get back to her. -- RGS has no record of a Community Health RMO.pes

Professional Org:

Confidential ID:

2993

APPROVED RECORD RETENTION SCHEDULES

Corporations Division, Office of Secretary of State

Record Series: **Cancer Case History Files**

00-0049-02

Date From: 1984

Date To: ongoing

Effective Date:

Required Retention: FY CFA 2 SRC 3

Record Series: **Cancer Patient Applications for State-Aid Files**

85-0081-01

Date From: 1984

Date To: ongoing

Effective Date:

Required Retention: FY CFA 2 SRC 3

Record Series: **Cancer Patient State-Aid Financial Record Files**

85-0080-01

Date From:

Date To:

Effective Date:

Required Retention:

Record Series: **Cervical Cancer Screening Programs**

79-0012-04

Date From:

Date To:

Effective Date:

Required Retention:

Record Series: **Deceased Cancer Patient Case History File**

00-0036-02

Date From:

Date To:

Effective Date:

Required Retention:

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date January 10, 1979 Application Number DHR-1979-10	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Physical Health /Chronic Disease Unit/ Disease Prevention Programs/ 618 Ponce de Leon Ave., N.E. Atlanta, Ga. 30306	ARCHIVES AND HISTORY Application Number <div style="font-size: 2em; font-weight: bold; text-align: center;">79-12</div> Date Received JAN 10 1979 Date Completed FEB - 5 1979
2. Person to Contact Mr. Jack Landrum <div style="text-align: right;"> Working Title Cervical Cancer Screening Program Coordinator Telephone Number 894-5125 </div>		
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series Earliest 1973 Latest to present	5. Records Series Title (followed by title used in office; if different) Cervical Cancer Screening Program Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State. Chronic Disease Unit/ Disease Prevention Programs have the responsibility to identify and treat adults with major chronic diseases such as: high blood pressure, diabetes, glaucoma, cancer, stroke, heart disease, and rheumatic fever; develop mass screening techniques and train district and county health staffs in these techniques; provide necessary equipment and supplies for mass screening; compile statistics on stroke and heart attack factors through use of a computer program; operate and administer a cancer control program; and contract with hospitals to provide treatment for persons with kidney diseases who are unable to pay from their own or other resources.		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining records of results for the cervical cancer screening program. Included are: form DPH/HIS (1)-50 (new No. 3150) (Cervical Cancer Screening Report) which shows name and address of County Health Department; full client information (name, address, phone, date of birth, telephone, Social Security #, dates of pap smears, race, household income, clinic type, family history, menstrual status, # of pregnancies, # (of children) born alive, whether or not client is pregnant, post-hyst., other, type of treatment, family planning method, results of last pap smear); name and address of pathologist; laboratory accession no.; cytologic comments and recommendations and signature; client signature and agreement that information on form will be used for audit and statistical purposes; form 3151 (Follow-up Questionnaire to Physicians/Clinics) and form 3152 (Follow-up Questionnaire to Local Health Departments) show result of repeat cytology, biopsy procedure and result, treatment and disposition. The file is arranged : by month; thereunder, by batch number; thereunder, by last name of pathologist.		
8. Monthly Reference Rate How often are records referred to which are: check for errors One to six months old <u>125</u> ; Seven to twelve months old <u>rare</u> ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?		
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) <u>30 cubic feet - stored in Records Center boxes</u>		

Cervical Cancer Screening Program Files

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12. Form DPH/HIS(1)-5- (new no. 3150) (Cervical Cancer Screening Report)
When applicable:
Form 3151 (Rev. 3-78) (Follow-up Questionnaire to Physicians/ Clinics)
Form 3152 (Rev. 3-78) (Follow-up Questionnaire to Local Health Departments)

Central Cancer Control Program

Negative Reports - Cut off file at end of each month; hold in current files area one year; transfer to State Records Center; hold 4 years; then destroy.

Questionable and Positive Reports - Place information from monthly accumulation of forms in computer; place in individual patient file folder; then,

Active file - Hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file - Cut off file at end of each calendar year; transfer to State Records Center; hold 10 years; then destroy.

District Offices and County Health Departments

Negative Reports - Cut off file at end of each calendar year; hold in current files area 1 year; transfer to Local Holding Area; hold 2 years; then destroy.

Questionable or Positive Reports

Active file - Place information in individual patient file folder; hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file - Cut off file at end of each calendar year; transfer to Local Holding Area; hold 5 years; then destroy.

Printouts (received monthly) (selected information from forms 3150, 3151, 3152)

Adult Health Screening - Cervical Cancer
Screening Program (statistical report)

Central Cancer Control Program (reference copy)

Transfer 1 copy to Family Health Director's Office (record copy); cut off reference copy file at end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 2 years; then destroy.

District Offices and County Health Departments (applicable portions)

Cut off file at end of each calendar year; hold in current files area 1 year; transfer to local holding area; hold 2 years; then destroy.

Cervical Cancer Screening Program Files

Continuation Page

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Printouts (continued)

Adult Health Screening - Cervical Cancer
Screening Program (statistical report)

Family Health Director's Office (record copy)

Include with FAMILY HEALTH DIRECTOR'S SUBJECT FILES -
transferred annually to State Archives - Approved Schedule
74-460

Cervical Cancer Screening Program - Regular
Program - Pathologist Payment List (financial list)

Central Cancer Control Program (reference copy)

Cut off file at end of each calendar year; hold in current
files area one year; transfer to State Records Center; hold
4 years; then destroy.

DHR Office of Accounting Services (record copy)

Apply Approved Schedule No. 78-185
ACCOUNTS PAYABLE (Expenditure Voucher) FILES

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTHFamily Health Services Section
Chronic Disease Unit - Administration

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
80-312	CHRONIC DISEASE PROGRAM ADMINISTRATIVE FILES - Documents relating to maintaining the correspondence/ record paper file for all Chronic Disease Programs. Included are: correspondence containing information concerned with Chronic Disease Programs; quarterly, annual and special reports of all Chronic Disease Programs; financial information; and medical and technical papers authored by Unit staff. The file is arranged by program; thereunder, alphabetically by subject matter for each program	<u>Chronic Disease Unit (record copy)</u> Cut off file at end of each fiscal year; hold in current files area 2 years; transfer to State Records Center; hold 3 years; then destroy. <u>All other copies (reference copies)</u> Cut off file at end of each fiscal year; hold 1 year; then destroy.

APPROVED: 8/25/80

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTH

Community Health
Family Health Services Section
Chronic Disease Unit - Cancer Program

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
36	DECEASED CANCER PATIENT CASE HISTORY FILES - Documents relating to case histories of deceased cancer patients who were taking part in State aid for the Cancer Program. Included are; application for State Aid and cancer treatment; pathology reports; hospital invoices; monthly clinic reports and initial reports; correspondence; discharge summary from hospitals; copies of x-ray reports; and invoices.	Cut off file after death of patient; transfer to State records Center; hold 5 years; then destroy. APPROVED: 12/1/71
49	CANCER CASE HISTORY FILES - Documents relating to case histories of cancer patients who are taking part in the State Aid for the Cancer Program. Included are: application for State Aid and cancer treatment; pathology reports; hospital invoices; monthly clinic reports and initial reports; correspondence; discharge summary from the hospital; and copies of x-ray reports. The file is arranged by case number.	Upon completion of treatment, place all papers for a particular patient in the inactive file; cut off inactive file at end of each calendar year; transfer to State Records Center; hold 30 years; then destroy. Note: If illness recurs, withdraw file from the Records Center and place in the active file. APPROVED: 12/14/71
79-12-A	CERVICAL CANCER SCREENING PROGRAM FILES - Documents relating to maintaining records of results for the Cervical Cancer Screening Program. Included are; form DPH/HIS (1)-50 (new No. 3150) (Cervical Cancer Screening Report) which shows name and address of County Health Department; full client information (name, address, telephone, date of birth, Social Security number, dates of pap smears, race, house-	Cut off file as follows: Form DPH/HIS (1)-50 Cervical Cancer Screening Report - when applicable: Form 3151 Follow-up Questionnaire to Physicians/ Clinics Form 3152 Follow-up Questionnaire to <u>Local Health Departments</u>

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTH

Division of Physical Health
Family Health Services Section
Chronic Disease Unit - Cancer Program

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
79-12-A (cont.)	hold income, clinic type, family history, menstrual status, number of pregnancies, number of children born alive, whether or not client is pregnant, post-hysterectomy, or other type of treatment, family planning method, results of last pap smear); name and address of pathologist; laboratory accession number; cytologic comments and recommendations, and signature; client signature and agreement that information on form will be used for audit and statistical purposes; form 3151 (Follow-up Questionnaire to Physicians/ Clinics) and form 3152 (Follow-up Questionnaire to Local Health Departments) show result of repeat cytology, biopsy procedure and result, treatment and disposition. The file is arranged by month; thereunder, by batch number; thereunder, by last name of pathologist.	<p><u>Central Cancer Control Program</u></p> <p><u>Negative Reports</u></p> <p>Cut off file at end of each month; transfer to State Records Center; hold 5 years; then destroy.</p> <p><u>Questionable and Positive Reports</u></p> <p>Place information from monthly accumulation of forms in computer; place in individual patient file folder; then,</p> <p><u>Active file</u></p> <p>Hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.</p> <p><u>Inactive file</u></p> <p>Cut off file at end of each calendar year; transfer to State Records Center; hold 10 years; then destroy.</p> <p><u>District Offices and County Health Departments</u></p> <p><u>Negative Reports</u></p> <p>Cut off file at end of</p>

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTH

Community Health
~~Family Health Services Section~~
Chronic Disease Unit - Cancer Program

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
79-12-A (cont.)		<p>each calendar year; hold in current files area 1 year; transfer to local records storage area; hold 2 years; then destroy.</p> <p><u>Questionable or Positive Reports</u></p> <p><u>Active file</u></p> <p>Place information in individual patient file folder; hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.</p> <p><u>Inactive file</u></p> <p>Cut off file at end of each calendar year; transfer to local records storage area; hold 5 years; then destroy.</p> <p><u>Printouts (received monthly - selected information from forms 3150 - 3151 - 3152)</u></p> <p><u>Adult Health Screening - Cervical Cancer Screening Program (statistical report)</u></p> <p><u>Central Cancer Control Program (reference copy)</u></p> <p>Transfer 1 copy to Family Health Direc-</p>

Records Retention Schedule

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTH

Community Health
~~Family Health Services Section~~
~~Chronic Disease Unit - Cancer Program~~

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
79-12-A (cont.)		<p>tor's Office (record copy); cut off reference copy file at end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 2 years; then destroy.</p> <p><u>District Offices and County Health Departments (applicable portions)</u></p> <p>Cut off file at end of each calendar year; hold in current files area 1 year; transfer to local records storage area; hold 2 years; then destroy.</p> <p><u>Family Health Director's Office (record copy)</u></p> <p>Include with Family Health Director's Subject Files - transferred annually to State Archives - Approved Schedule 74-460.</p>

APPROVED: 11/29/79

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PUBLIC HEALTH

Adult Health Unit-
Cancer Program

<u>Appl #</u>	<u>Description</u>	<u>Disposition</u>
85-80	<p>CANCER PATIENT STATE-AID FINANCIAL RECORD FILES</p> <p>Documents relating to paying for medical treatment of can- cer patients eligible for State-Aid.</p> <p>Included are unnumbered form (Cancer State Aid Treatment Ser- vice - Patient Treatment Plan) shows patient's name and iden- tification number, hospital/ facility; initial evaluation, diagnosis, and projected plans for treatment over a specific period of time; estimated costs, number of days as in- patient and/or outpatient, reason approved/disapproved; and signature of evaluator and date; form 3624 (Cancer State- Aid - Hospital Invoice) shows patient identification by name, address, account and case num- ber, specific treatment given and cost of each service ren- dered; discharge summaries; and unnumbered form (Author- ization for Payment) which shows all information author- izing payment for medical treatment for the patient, sig- nature of person authorizing payment, and date. The file is arranged: 1. Billing doc- uments - alphabetically by name of clinic or vendor; thereunder by batch number. 2. Supporting documents - alpha- betically by clinic; thereunder alphabetically by last name of patient (such as treatment plan, copy of the approval letter, and call-in sheets).</p>	<p>Beginning July 1, 1984 cut off file at the end of each fiscal year.</p> <p>Hold in the current files for two years. Transfer fo State Records Center and hold there for three years, then destroy.</p> <p>APPROVED: 10/9/85</p>

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PUBLIC HEALTH

Immunology Section

Adult Health Unit-
Cancer Program

<u>Appl #</u>	<u>Description</u>	<u>Disposition</u>
85-81	<p>CANCER PATIENT APPLICATIONS FOR STATE AID FILES</p> <p>Documents relating to evaluating applications of cancer patients in Georgia to determine eligibility for receiving State-Aid to pay for medical treatment.</p> <p>Included are form 3621 (Application for State-Aid in the treatment of Cancer) which shows name, address, age, race, sex, marital status of applicant; symptoms, diagnosis, evidence of the disease and other findings concerned with the diagnosis; general condition of the patient; whether or not patient has been previously treated for cancer; if yes, name of hospital and physician; financial resources of patient; if patient is eligible for Medicare or Medicaid; signatures of applicant and Director of Family and Children Services. Also included is the unnumbered form letter used to notify the patient that he/she has been approved for treatment, and which gives an explanation as to what the approval means and instructions to the patient. The file is arranged: new approved applicants - numerically by case number; applicants approved for re-certification - alphabetically by name of clinic, thereunder numerically by case number; disapproved applicants - by month of denial, thereunder alphabetically by name; applications on which no action was taken - alphabetically by name of applicant.</p>	<p>Beginning July 1, 1984 cut off file at the end of each fiscal year.</p> <p>Hold in current files area for two years, Transfer to State Records Center and hold three years, then destroy.</p> <p>APPROVED: 10/9/85</p>

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTH

Community Health
~~Family Health Services Section~~

Chronic Disease Unit - Stroke and Heart Attack Program

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
75-274	STROKE and HEART ATTACK PREVENTION ADMINISTRATIVE CONTROL FILES - Documents relating to maintaining administrative control records for the Stroke and Heart Attack Prevention Program. Included, but not limited to, are: service plans; proposed method of operations; operational guidelines; project designs; budget proposals; identification of types of needed personnel; quarterly and annual statistical data identifying screening parameters (cigarette smoking, overweight, etc.); name of district; age group breakdowns, sex, normal and abnormal readings; and similar and related documents dealing with the development of SHAPP. The file is arranged alphabetically by subject.	<p>Cut off file as follows:</p> <p><u>Disease Prevention Program - Atlanta (record copy)</u></p> <p>Cut off file at end of each calendar year; hold in current files area 2 years; then transfer to State Archives.</p> <p><u>District Offices and Treatment Centers (reference copy)</u></p> <p>Cut off file at end of each calendar year; destroy when no longer needed for reference.</p> <p>APPROVED: 12/16/75</p>
75-275	STROKE and HEART ATTACK PREVENTION CLIENT CASE FILES - Documents relating to maintaining a medical file on each client participating in the screening and detection program for stroke and heart attack risk factors. Included, but not limited to, are: (Screening - Rescreening Form) identifying medical data release statement, client's name and number, vital statistics, usual place of medical care, family and personnel history, uniphasic or any combination of multiphasic screening, retesting results, lab	<p>Cut off file as follows:</p> <p><u>Inactive File</u></p> <p>When client becomes inactive in program, place all papers in inactive file; cut off inactive file at end of each calendar year; hold in current files area or State Records Center 5 years; then destroy.</p> <p><u>Deceased Clients File</u></p> <p>Upon notification of death, place all papers in deceased clients file; cut</p>

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PHYSICAL HEALTH

Family Health Services Section

Chronic Disease Unit - Stroke and Heart Attack Program

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
75-275 (cont.)	results, evaluation of screening results, recommended course of action, physician recommendations; (Medical Evaluation Follow-up Form) identifies client and gives number, physician diagnosis, recommended treatment, lab findings, services requested, case disposition; medical history and physical examination; and similar and related papers. The file is arranged alphabetically by client name; or, numerically by identification number assigned by clinic.	off deceased clients file at end of each calendar year; hold in current files area 1 year; then destroy. APPROVED: 12/16/75

Fulton 0419 SA

2993

PES

6/8/00

Debbie Parker
Cancer Control
Division of Public Health
Department of Community Health
2 Peachtree Street
Atlanta, GA 30303
404 656-6648 FAX 404 656-9723

6/8/00: 6-2373; Requested retention information on public health tests (pap-smear, breast)
State receives from local public health departments all over the state; aggregated the data, and
reports it to CDC. Been holding the reports but has been running out of space. Told her we
would check and get back to her. — RGS has no record of a Community Health RMO.pes

RA

Schinkel, Pete

From: Schinkel, Pete
Sent: Monday, June 26, 2000 11:32 AM
To: 'Debbie Parker'
Cc: Taylor, Andy
Subject: Cancer - Schedules

Ms. Parker:

Here are the retention schedules approved for the Public Health Division.



Public Health -
Cancer.pdf

Sorry for the delay in getting them to you.

Let us know if you need additional information or have questions.

Peter E. Schinkel
Retention Schedule Program Manager
SOS - Archives and History
330 Capitol Avenue, SE
Atlanta, GA 30334
(404) 656-2373 FAX (404) 656-2949
<petes@sos.state.ga.us>